



## PROFESSIONAL INDEMNITY INSURANCE - CLAIM FORM

- Please note that this Claim Form is issued without prejudice to the terms and conditions of the policy and issuance of this form should not be construed as admission of Liability.
- Please fill in all the blanks and give complete details of information asked for. In case space provided is found insufficient, a separate sheet may kindly be annexed.
- Please return this form, duly filled & signed, within 3 days, from the date of receipt of this claim form.

<b>Policy Number:</b>	<b>Claim No:</b>
<b>Period of Insurance: From:</b>	<b>To :</b>

1.	Name of the Insured	
2.	Address for communication P.B. No. P.C. No. Location:	
	Tel. No GSM No. Fax No. Email Id:	
3.	Date, time and location of occurrence of loss	
4.	Name and address of any employees whose negligence is alleged to have caused the incident	
5.	State clearly and fully how the incident happened (Place attach any documents or diagrams)	
6.	Name and address of any witnesses	





7.	Name and address of owner of damaged property.			
8.	Nature and detail extent of damage			
9.	Details of report filed with Police and other statutory authorities			
10.	Give details of all persons injured			
	Name	Age	Address	Injuries
11.	Please state if any of these persons was			
	a) A relative residing with you?			
	b) Your employee?			
	c) Employee of contractor working for you?			
12.	Any other material information with reference to the claim			





I/We hereby confirm that the responses and information provided in this form are true and correct. I/We also confirm having noted that any false disclosure of information OR failure to provide adequate disclosure of information shall render this claim invalid.

**Place:**  
**Date:**

**Signature of the Insured**

